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# CALIFORNIA MEDICAL JOURNAL

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MAY, 1893.

No. 5.



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# THE ✧ CALIFORNIA \* MEDICAL \* JOURNAL. ✧

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## Spasm of Accommodation.

BY FRANK CORNWALL, M. D., Prof. of Ophthalmology and Otology in California Medical College.

Those who have attended a Medical College in the last dozen years, or who have read up well the current medical literature of the last few years, will have some kind of a conception of the meaning of this term.

Recently it was my lot to be called to our State Normal at San Jose, to lecture to the pupils on some practical subject concerning the uses of eyes in those who attend school. This was my subject. There were about 600 pupils present, and the most of these are preparing for teachers of our common schools. The managers of this institution think it good that these pupils know something of the correct use of their



eyes, and of the pupils over whom they are to have supervision in the future. It was very difficult to elucidate this subject in one hour so that many would have an understanding of it, but it is thought that it may lead to a further investigation, where the distresses that come from this condition of the eyes afflict themselves or others with whom they have to do.

Medical reader, I do not expect that you, either, in this brief article will understand this subject, but if I mention some of the symptoms that its subjects have, it may cause you to make a correct diagnosis. However, I will first briefly define what I mean by "spasm of accommodation." It is known that an eye that is correctly focussed makes no effort for distant sight, but when near objects are seen distinctly the crystalline lens increases its curvature so as to keep the focus on the retina. This is called 'accommodation' because it is through this function of the eye that it can accommodate itself to different distances. Nearsighted eyes do not see well at distance but in proportion as they are nearsighted they do not need to accommodate for the near point. Farsighted eyes, on the contrary, see well at a distance, as do those which are correctly sighted, but they have to use the accommodation that should only be used for the near point, for distance, and then when at the near point they have to add the effort that is needed for distance to that required for the near point, thus doubling this accommodation effort. This is what produces fatigue and reflex symptoms of other kinds in farsighted people. This continuous effort that is necessary for farsighted people to see distinctly at a distance is called 'spasm of accommodation.' The reason why it is called 'spasm' is that there is a muscle (called the ciliary muscle), which contracts when the



lens has its curvature increased, and when this increased curvature is kept up all the time it constitutes spasm. This so uses up the energy of this muscle for distant vision, that when near work is done for a great length of time it sometimes entirely fails, and then vision is said to blur. At other times this blurring is not a noticeable feature of the case, but headache or general nervousness is produced. In the young there commonly is an indisposition to read for a long time as it causes some kind of illdefined unpleasant feeling about the head and eyes. Convergent strabismus is commonly caused by this condition, and when 'spasm' exists there is always a tendency for the visual lines to converge. This *tendency* gives rise to pain because the eyeball is not in its place of rest, when both are fixed on the same point.

I have endeavored to say enough to refresh the memory of the reader on this subject, so that he may follow me to the practical phase of it. It is this, that if we *will school* our children all of their tender years, when their physical almost alone should receive attention, we must help them in every possibly way. It was evidently never intended by nature that the child, or the adult for that matter, should use the eyes at the near point so much of the time, else there would not be so much distress from so doing. I am aware that it is a pitiable sight to see our young spectacted by the time they are eight or nine years old, but it is a necessary accompaniment of our modern system of schooling.

I am of the opinion that the magnitude of the prevalence in America of hypermetropia (farsightedness) is not fully appreciated by the profession—not even by the oculists. In the first place the most of our text books on ophthalmology are written by Europeans, either in Europe or by those who



were born and educated in that country; and in the second place, that drugs, such as atropine, have not been used universally in making diagnoses of these errors of refraction. For two years I have used a combination of homatropine and cocaine, which acts in half an hour, in every case where the patients were under the age of 45 and not pronounced myope. I have found spasm existing in so many cases wherein I could not, from my former observation have suspected it, that it has ceased to be a surprise. I have been led to use this drug in every instance because of headache, neuralgia, vertigo, inability to maintain vision long at the near point (asthenopia) or such symptom existed and in almost every case the results have been most gratifying. In the light of my experience of the last few years the fitting of opticians and of oculists, who do not make use of mydriatics universally is extremely unsatisfactory. The time required for a correct diagnosis without paralyzing accommodation is often three or four years and in that time a thousand headaches might have been averted.

It is my purpose to examine the pupils' eyes of the Normal at San Jose, and in future numbers of the JOURNAL will give condensed reports showing the prevalence of spasm of accommodation and the symptoms accompanying it.

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### Brains vs. The Frontal Sinuses.

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BY G. W. HARVEY, Class of 94.

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That the brain is the organ of thought, reason, and judgment is universally acknowledged, and yet there are some who talk as though they believed that a man with a head like a bullet and neck like a bison could write poetry, paint



landscapes, teach a kindergarten, worship his wife, and obey the golden rule just as easily as though his head were some other shape.

Then why don't they?

Since the days of Gall & Spurzheim, the brain has been studied, together with its covering, the skull, from every conceivable standpoint, and comparisons made innumerable on men, women, children, and animals until to-day a man versed in this science can tell a person's mental power and natural tendencies of mind better than they know it themselves; and yet there are a certain class of men educated and intelligent in almost every thing else who scoff at the proofs of this science, simply because the *adult male* happens to have two small cavities at the root of the nose, which they claim takes the place of brains, that according to phrenology ought to be there.

Let us examine some of the facts in regard to the size and development of these frontal sinuses, and see if we cannot remove some of the fog from the minds of the medical profession in regard to them.

In the first place these sinuses are never found in children or youth, and very seldom in the female. They only appear in the male after puberty, and are from  $\frac{1}{4}$  to  $\frac{1}{2}$  inch in extent. Now, the question is, do they displace any brain substance? Any man that can reason will say no! because anyone with mind enough to absorb an education, knows that the skull cannot press upon the brain without causing trouble. Does the shell ever squeeze the oyster out of shape? Does the air cell in an egg make any less meat there? Does the bark cause a malformation in the growing tree? No! Then neither does the skull of a man cause any displacement or malformation or absorption of the brain substance. The brain



does not develop from the skull, but the skull from the brain


The brain develops in the same mould in which it is delivered. "The child is invariably the father of the man," and if you find the intellectual and perceptive organs large in the child, you will unquestionably find them so in the man in spite of the massive brow and *frontal sinuses*.

In the second place, a prominence or bump over the eyes is no certain sign of a large frontal sinus, nor indeed of any at all, since it may be simply a heaping up of solid bone substance like that in many Australian skulls.

In very many cases of middle aged and elderly men where there is not the slightest prominence, nor the least indication of a frontal sinus we find them very large. It is a wise providence that the sinuses are in front instead of behind, because men as a rule develop the animal at the expense of the intellectual faculties. Nature abhors a vacuum in a man's mind as much as anything else, so when he fails to use the perceptive and reasoning faculties that the Creator has endowd him with, this portion of the brain shrinks and the inner table of the skull follows the retreating brain, consequently a large sinus. On the other hand if a man use the reasoning and perceptive qualities of his mind rightly and develop them as he should, the outer table of the skull will be the one to retreat: consequently a prominence over the eyes *does mean brains behind it*, while a lack of it may mean *large sinuses*.

Let all physicians learn this!

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### Phenol-Cocaine as a Hypnotic.

---

BY A. S. TUCHLER, M. D., San Francisco.

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A young married woman, robust, of a sanguine-bilious temperament, had been treated for hypertropic rhinitis successfully. She also had enlarged tonsils, which it was determined to remove with the galvano-cautery.

Before doing so, 10 minims of a 4 per cent. solution of phenol-cocaine, Taylor & Meyer's tablets, was injected into one tonsil, when in about a minute, she fell in a deep natural-like sleep from which she was with difficulty aroused. This deep somnolent condition lasted about five minutes, when the tonsil was painlessly removed. Next day she returned to have it sprayed, when she stated that it was with difficulty that she could keep awake that afternoon to wait upon a sick husband. A sound sleep followed that night, an event she had not enjoyed for some time past.

A week thereafter the other tonsil was injected with 10 minims of a 2 per cent. solution of the same tablets, with the same result as in the first place, but not so profound nor lasting. The breathing and pulse on both occasions, were natural.

This must have been a case of idiosyncrasy. As I have used the same tablets in other cases with ordinary results, this goes to show that we should ever be on the alert for the unexpected; and that remedies that ordinarily are safe will sometimes develop alarming symptoms.

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## A Case of Suppressed Menstruation.

BY ARTHUR ROSSITER COBB, M. D.

---

R. L., *æt.* 18 years came to my office with following history, viz.:

Although of apparently good physical development, menstruation had never been normal, but, for past three years had occurred at irregular periods of from three to six weeks, flow scanty, and accompanied by intense abdominal pain in the region of the ovaries and tubes; the pain was so severe as to cause, at intervals, for several days, marked attacks of syncope, followed by headache.

The case appeared to be one of acute amenorrhœa, and *Apioline* was exhibited, in usual doses, for three weeks, when menstruation occurred. To her surprise and gratification, the discharge was profuse, accompanied with but slight pain, no syncope or subsequent headache.

The last two periods have been normal.

I am pleased to report the beneficial action of *Apioline* in this obstinate case.

---

## Surgical Notes.

BY M. E. VAN METER, M. D.

---

Tapping the bladder per rectum is a procedure that becomes necessary when the urine can neither be induced to flow, nor be drawn *per via naturales*. This operation is seemingly grave, but can be easily executed if the operator have a knowledge of the parts. I use a good sized curved trocar, one equivalent to a No. 11 urethral bougie, American size; and have as yet to meet with the first case that was followed



by any leakage into the rectum after the canula was withdrawn.

I usually operate through a speculum but when I do not use one, I partly withdraw the trocar, so as to conceal its sharp point within the canula, and use my finger for a guide, and when the point has been carried to a median line and just above the prostate, by a sudden backward movement of the external, or handle end, the point of the trocar is made to impinge upon the posterior wall of the bladder, through which it should be suddenly plunged. If continued drainage is desired it will be necessary to make a larger opening than that made by the size of trocar mentioned.

\* \* \*

Edema of the left leg from abdominal traumatism is a condition with which I have met three times within a period of two years, and occurring out of a great number of operations. The first case was one following a repair of the cervix: the operation being a perfect success, and the lady in every way was doing remarkably well till the first time she put her feet to the floor, when she was suddenly seized with lancing pains, extending from the hips to her toes; followed later by throbbing in the groin, thigh and calf. In a few hours oedematous swelling began and continued till the leg was twice its natural size.

It was fully two months before she was entirely free from pain, and another month longer ere the swelling had disappeared.

In this case there was a slight rise in temperature, free pitting on pressure, fullness of the veins, and the pain sufficient to keep the patient in bed for a couple of weeks after she was well from the operation.

The second case occurred in a lady on whom I did an ab-



dominal operation, that of opening the abdomen and stitching the uterus to the abdominal wall on January 29th of this year. The operation was done to relieve an incurable prolapse with retroflexion, and was in every way a success. But like case (1), the first time she attempted to walk she was seized with pain, and the disease has gone through the same stages, the only difference being in the persistence of second case. It has now been more than four months, and the leg is still one-third larger than its fellow, though she has no more pain.

The third case, is one which has just fallen under my notice, being a young woman, kindly sent to me for examination, by Prof. Logan. In this case the leg is œdematous from foot to body; veins prominent on inner aspect of thigh; No particular heat, but white and glistening, as also was the others.

This woman had her abdomen opened by a physician in this city, four years ago, as she says for a blood-clot following an attack of typhoid fever. But her leg trouble has only developed since she received some severe kicks in the abdomen, by her landlady some four months ago, which laid her up three or four weeks with pelvic inflammation.

Points worthy of note in these cases are: (1) They all occurred in the left leg. (2) They all followed a traumatism that in no way whatever, had to do with any large vessels in any way connected with the leg. In fact there was no vessel injured in which an embolus could have been formed. (3) In none of these cases was there a first symptom of the trouble till they attempted to walk.

The treatment given my own cases, was, during what I term the acute stage—that of heat and pain —, rest, with





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foot elevated, and hot oil applied with friction. Later they were treated by massage and bandaging.

\* \* \*


Every one should remember that the female urethra may be easily dilated sufficiently to admit a small sized finger, without any danger of after trouble. Hence to stumble along and treat cases on uncertainties, when only a digital exploration is necessary to settle the diagnosis, is unscientific and unjustifiable. Remember I said a *small* finger. When I can do so, I have a lady physician or an experienced nurse make the examination for me. So far I have had no case where incontinence resulted.

\* \* \*

I consider the knee-chest position the best possible position—though not the most graceful—for rectal examinations. Even when anaesthetics are used, with proper assistants, the patient can be easily placed and maintained in this position.

The advantages are: (1). The viscera by gravitation falls toward the diaphragm, taking off the pressure, which crowds the mucous folds between the blades of the speculum. (2) When in the dorsal position it is impossible to see beyond the blades of the speculum; while in the knee-chest position, as soon as the air is admitted the rectum dilates fully of its own accord, not only keeping the folds from obstructing the view, but, also putting every part on the stretch thereby bringing into view every part of the surface, for inspection and examination; and the operator can easily see as high as the sigmoid flexure.

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### Surgery Extraordinary—Veterinary.

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BY G. P. BISSELL, M. D.

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Some little while ago a cow, belonging to a man in this neighborhood, being rather thin in flesh, lay down and refused to attempt to rise. All farmers are aware that under such conditions animals of the bovine species soon become paralyzed in the legs and ultimately die, unless suspended in slings until they recover strength and the use of their legs; so it is a question of finance whether it is cheaper to destroy such animal or try to preserve it.

In the case under consideration the cow was known to be near the end of the period of gestation, although no sign of approaching labor was manifest; so the owner determined to sacrifice the cow to the potent deity of all flesh—death—and try to preserve the unborn offspring. To this end, and to prevent suffering, he struck a blow upon the skull of the cow, ripped up the abdomen and extracted a calf; but, perceiving a commotion among the bowels, he searched and found a second calf which he extracted alive. They are now about three weeks old since their Cæsarian birth, and yesterday, April 19th, 1893, were well and hearty, as I can testify from personal inspection.

I think this case is worthy of being reported merely to show what the untaught surgery of a farmer has accomplished, and to teach any other lesson that may be learned from it.

April 20, 1893.

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### Neuralgia.

BY DR. DUJARDIN-BEAUMETZ.

A most interesting study, even from a practical or therapeutical standpoint, is that of the true seat of Neuralgic pain. The entire subject can be reduced to a single question: Is the pain of the different forms of Neuralgia really originated at the very spots at which the patients complain of it, or is it simply felt at those spots as though it arose there, in the same way, for instance, as patients who have undergone amputation of a limb still complain of pain in the stump, although the limb, which was the seat and sole cause of their suffering, has been removed?

The former hypothesis seems probable *a priori*, and has given rise to the so-called peripheral theory of Neuralgia; but a number of neuropathologists, and among them some very eminent men, defend what is known as the central theory of such suffering. Although there can be no doubt that the latter theory is not applicable to all cases, still it accounts for the greater number of them, and is based on arguments that are well fitted to carry conviction, and of which the principal ones are the following:

When a nerve has been completely severed, as is sometimes done in cases of neuralgia that defy all treatment, it is not uncommon to find the pain going on unchanged after the operation; it could not, therefore, have had a peripheral origin.

Just as no one disputes nowadays the existence of nutritive disorders in hysteria, in the same way no one can deny that in certain forms of neuralgia, without neuritis, the same kind of disorders may arise. Now, is not the most rational way of explaining these disorders that of granting the cen-



tral theory of neuralgia? Under these circumstances it is easy to see that the morbid irritation extends from the original nuclei of the neighboring nerves, which will manifest their implication by creating nutritive disorders *loco dolenti*.

In the third place, a number of diatheses, and certain altered conditions of the blood, give rise to Neuralgic pains; unless we admit that the spine is affected primarily, how can we understand how these diatheses and modifications of the blood should affect one nerve more than another, and, in some cases, only a few centimetres, or even millimetres of a given nerve?

Fourthly, it is known that Neuralgic pains are connected very closely in different ways with hereditary neuroses. Now, the latter are undoubtedly localized in the nervous centers; how, therefore, could their effects be otherwise than central?

The theory of the central seat of Neuralgic pains explains most satisfactorily (and is the only theory that does so) the way in which pains jump from one spot to another, alternate from one side to the other, and pass rapidly from this nerve to the next. We know how near to each other in the spinal cord are the original threads of the different nerves, and can consequently understand with readiness how the painful irritation of one nerve can extend with the greatest ease to its neighbor in the spinal cord.

After all, the daily practice of medicine supplies the central theory of Neuralgic pains with a decisive argument. It is a matter of common occurrence that cases of Neuralgia of the trigeminal, sciatic, or superficial nerves, that have stubbornly resisted the action of the various local anæsthetics and different forms of counter-irritation, disappear, as if by magic, after only a few days' use of Bromidia.



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This extraordinary result is readily explained by the well-known physiological effects of the active elements of Bromidia—purified prom. potass. and chloral, cannabis indica, and hyoscyamus; for it must be remembered that they act on the cerebro-spinal centers. Therefore, in the great majority of cases, at any rate, Neuralgic pains have a central origin; and in this way is once more verified the truth of the old Hippocratic axiom, "*Naturam morborum ostendunt curationes*, by the use of a preparation that is now so well known as to no longer require any praise—Bromidia.

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### College Song.

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BY MRS. DERRICK, MEMBER OF THE CLASS OF '93.

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How dear to my heart are the scenes of the College,  
As in visions I see them presented to view!  
We meet day by day in pursuit of such knowledge  
As to our Profession will make us most true.  
The Juniors, the Seniors, with faces all glowing,  
The bright, youthful Freshmen who come in their turn,  
Their trains and their note-books are simply o'er flowing,  
With the science and art they're so eager to learn.

At first the Anatomy looks like a mountain,  
And so hard that our study seems only in vain;  
But our genial Professor drinks deep at the fountain,  
And the muscles and nerves all untangle again.  
The Sartorius, Gracilis, and the Popliteus  
And Scarpa's triangle, nerve, vessels and all  
The origin and insertion of the Pectineus  
Can be given at once at the very first call.

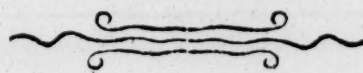
Our Dean comes in with countenance beaming,  
And treasures unfold from his vast, endless store,



His words are with knowledge and eloquence teeming;  
Of maternity's troubles he reveals more and more.  
And so each Professor, with equal ambition,  
Their wonderful words of wisdom impart,  
As if by some curious, wise intuition,  
They flow from their tongues and lodge in my heart.

'Tis chemistry, surgery, and then physiology,  
Leucocides, biliverdin, heat, swelling and pains,  
Talipes, synovitis, catarrh, ophthalmology,  
Diseases of children, dislocations and sprains.  
And so we are filled from nine in the morning  
Till the shades of the evening fall over the hills;  
Gynecology, diagnosis,—what opinions we're forming  
Of numberless symptoms, diseases, and ills!

But while we work thus, it is only with pleasure,  
For we eagerly look to the beautiful morn  
When by our great and unbounded treasure  
We'll shine as the loveliest star of the dawn—  
When *Eclectic* shall be the watchword of nations,  
And the rich and the poor upon us shall call,  
And the dear California Medical College  
Be the greatest, the grandest, the noblest of all.





## MISCELLANY.

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### National Eclectic Medical Association.

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The National Eclectic Medical Association will hold its annual meeting at Chicago, Ill. beginning Monday morning, May 29th 1893, at the place designated by the committee of the Congress of Eclectic Physicians and Surgeons.

The Head Quarters of the Association will be the Great Northern Hotel, corner of Dearbon and Jackson streets opposite the Chicago Post Office. Prices for rooms with three occupants (European plan) \$2.50 per day each, or according to the accommodations obtained.

*Committee of Arrangements*—Henry K. Stratford, M. D., Vincent Building, Washington street; H. K. Whitford, M. D., G. L. B. Ramsville, M. D.

As there is likely to be a large attendance of visitors at Chicago during the Columbian Exposition, it may be well to add that the Exposition Bureau of Public Comfort have secured 30,000 apartments in advance, which will be available to visitors at the following prices;

Single room, 1 bed, 1 person,	-	\$1 to \$2.50 per day.
Double " " 2 persons,	-	\$1 to \$4.00 "
Double bedded room, 2 bds,		
2 persons	- - -	\$2 to \$4.00 "
Double bedded room, 2 beds,		
3 persons,	- - -	\$2 to \$6.00 "
Double bedded room, 4 persons,		\$2 to \$8.00 "

None of the foregoing conditions include board.

Dr. J. V. Stevens, secretary of the Executive Committee of the Eclectic Congress further announces that rooms will be engaged in advance for all who desire, banking priveleges



provided for, register kept, stationery provided, reliable information of all kinds given, etc. Address J. V. Stevens, suite 1010, Columbus Memorial Building, S. E. corner of State and Washington Streets, Chicago.

By agreement of the executive committee of the National Eclectic Medical Association and the committee of the Congress of Eclectic Physicians and Surgeons, the business of the Association will be chiefly confined to the usual courtesies, the receiving of credentials from auxilliary societies and action upon them, and such other matters as cannot well be deferred. The present officers will continue in office untill June, 1894.

State Eclectic Medical Societies and other auxilliary bodies will therefore nominate delegates as usual, the credentials should be transmitted to the secretary of the National Association, Alexander Wilder, M. D. 5 North 11th Street, Newark, N. J. or Dr. Stevens, corresponding secretary.

The professional and literary work heretofore committed to sections, will for this time, be placed in charge of the officers of the several divisions. Papers, inquiries, etc. should be transmitted to Dr. Stevens.

The session of the Association will continue as may be convenient, during the week ending June 3d 1893.

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It is believed and taught by some old midwives that the number of "knots" on the "nabel string" of the first child is a "shore sine" of the number of children that are to "foller"

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A man who says he knows a "right smart lot about medicine and things," after carefully examining a stethoscope, asked "How do you put it on the baby's head when you want to yank it out?" He thought it an obstetrical forcep.



O! doctor come quick, quick, quick,  
 My wife is very, very sick;  
 We were married just nine months ago,  
 And what the matter is I don't know.  
 She has pains in her stomach and back,  
 That seem to draw her double;  
 Since our marriage this is the first attack,  
 Oh! dear doctor what can be the trouble.  
 For the last seven months or more,  
 She has been getting bigger and bigger;  
 While she used to be dreadfully poor,  
 Oh! doctor do you think there is danger.  
 O no, quoth the good old doctor,  
 It is only a baby I would guess,  
 And you will soon be a father,  
 With another to board and dress.

Space will not permit a full account of the meeting of the Alumni on Wednesday evening, April 5th. Suffice it to say that the old aphorism, "Nothing succeeds like success." was again verified by the full attendance of members, notwithstanding the inclemency of the weather.

In the absence of the president, C. E. Hailstone, '91. who was detained at his home in San Jose, Dora M. Hamilton, '91, presided with equal efficiency. At this meeting eight new members were elected: H. B. Mehrmann, '85; E. R. Osborn, '36; S. L. Blake, '80; C. Z. Ellis, '81; C. E. Congdon, '92; J. T. Farrar, '91; S. O. Cassity, '83 and C. P. Higgins, '83.

The subject for scientific discussion was "Belladonna" and in the three papers presented by A. S. Tuchler, '92; W. A. Harvey, '88, and H. W. Hunsaker, '90 it was most exhaustively treated. J. R. Fearn delighted the audience with two



stirring songs. W. H. Fearn, '92 accompanied him. Dr. J. W. Hamilton, professor of gynæcology in the California Medical College, made a crisp, brief speech which, if they ever doubted, certainly convinced the graduates that they made no mistake when they entered the California Medical College. The next meeting will be held on the first Wednesday in July. Although the membership is now large, the Association wishes to gather in worthy graduates. Application blanks may be had from the secretary.

J. C. Farmer, Sec'y.

921 Larkin street, San Francisco.

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#### **American Medical Editors' Association.**

The Eleventh Annual Meeting of this Association will be held in Milwaukee, Wis., June 5, 1893. Dr. Ernest Hart, editor of the *British Medical Journal*, will deliver the annual address. This will be followed by other addresses and discussions which promise to be of unusual interest to every editor and medical journal in the country.

Tickets to the Annual Banquet, \$3.00. All editors are cordially invited to be present.

T. D. CROTHERS, Sec'y.

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#### **Registers.**

The "Official Registers of Physicians and Surgeons of the State of California," that the Eclectic State Medical Society has procured for its members and all other Eclectics, are going off like hot cakes. They are a complete index to the medical standing of each doctor in the State. No doctor who is wide awake can get along without one. From the "Register" you can learn exactly who and what any physician



in the State is. Don't borrow this work from your brother physician and forget to return it, but send one dollar (the cost price) to the Secretary, who will immediately forward a copy to you.

J. C. FARMER, Sec'y.

921 Larkin st., San Francisco.

### Bureau of Information.

The State Medical Society has opened a "Bureau of Information" regarding locations desirable for physicians and surgeons. Any one knowing of good locations, or desiring to sell locations, or wishing competent assistants, should communicate with the secretary.

Any advertised location in this JOURNAL that has been filled, please notify the secretary, that its publication may be withdrawn.

The following locations have been sent in for publication:

MADISON—Dr. H. P. Popes, town and country practice; new two story house and eight lots; two horses, etc., consideration \$1000. Reason for selling—going East.

MONTEREY—No Eclectic located in the place. Chance for a good office over a bank. Dr. A. E. Colerick, of Pacific Grove, going East. will recommend his patients to an industrious, sober Eclectic physician.

SONOMA—Practice of about \$2,000 per annum. Dr. W. K. Vance desires a larger field. Consideration not known.

ELK GROVE—Dr. J. A. McKee. Drug Store and practice for sale. Reasonable terms. Reason for selling, poor health of family.

MAPLETON, KANSAS—Dr. Thomas Feemster; wishes to sell or exchange with parties living in California, good location. Terms upon application to the party.

FOLSOM CITY—Dr. C. M. Slayback will turn a very desirable practice over to the physician who will purchase house-hold goods, one driving horse, buggy and office furniture for \$600.00. Active practice immediately.

SATICOY—Dr. J. W. Rue. Practice worth \$4,000 a year. Will sell the same and 5 room Queen Ann house, 2 large lots, barn, out-houses, etc., for \$4,000. House alone worth \$5,000. Grounds



beautifully decorated, exquisite view of ocean and valley. Reasons for selling: Retiring from practice and going East. Excellent chance for an honorable and energetic man. Chance good for sixty days. Address Dr. J. W. Rue. Saticoy; or C. E. Day & Co. 121 S. Broadway. Los Angeles, Cal.

WALNUT CREEK—No Eclectic in the place. Population of town 400. Large surrounding country. One physician in the place; intemperate. Dr. J. W. Huckins of Danville, will do all he can too assist the new-comer.

COTTONWOOD, SHASTA CO.—It has been reported to this "Bureau" that there is an excellent opening for an Eclectic at the above town. Further information from Dr. Fearn, 501 Tenth St. Oakland, Cal.

OAKDALE—Dr. L. Lee wishes a partner. He has been in place sixteen months. First twelve months made over \$3,000. For particulars apply to secretary.

KNIGHTS FERRY—Twelve miles from Oakdale. No Eclectic in place. Good opening.

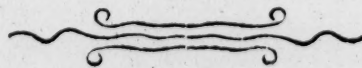
SAN FRANCISCO—Two thousand dollars will buy books and instruments worth \$1,000, furniture worth \$1,500, and the good-will of a good paying practice in the city of San Francisco. Office rent free. Reason for selling, ill health. Address, "DOCTOR," California Journal Co., 1420 Folsom st., San Francisco.

All letters addressed to the secretary of the "Bureau of Information of Locations" will be answered promptly.

J. C. FARMER, M. D., Sec'y.

921 Larkin St.

San Francisco.





## EDITORIAL.

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### Shall We Have a Semi-Annual Meeting?

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This is an important question, and should receive the earnest consideration of every member of our State Society. We unhesitatingly second Prof. Fearn's idea in this matter. We ought to have more frequent meetings for council and exchange of views on medical subjects.

The State Society has a mission which it should not neglect. It should formulate plans, and adopt means to bring our branch of the profession more prominently and favorably before the public.

A semi-annual meeting would be an appropriate time for such work. There would be no committees to report, and no officers to elect. A day could be well spent in discussing live medical questions in which the public are interested; in the evening a mass meeting held to be addressed by various speakers on the principles and advantages of Eclecticism in medicine.

It is time we commenced educating the people, doing missionary work among strangers to our cause, and traducers of our position in medicine. We should hold meetings all over the state and preach the gospel of Eclecticism until all, if not converted, had at least heard the words of *truth*.

We wish we could make all the Eclectics in this State feel on this matter as we do; if they did, proscription in the public offices would soon cease. One school would not domi-



nate over another, and all would receive due consideration and justice. To accomplish this requires only united action on our part.

When shall we meet? Who wants us? Sacramento, Stockton, or San Jose? Speak!

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### Missed Abortion.

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It is not often, after an embryo or foetus ceases to develop that it is retained in the uterus. Occasionally we meet with cases. They are, however, the exception, not the rule.

In the last year I met one such case. A lady who was in doubt as to being pregnant was sent to me by her physician for my opinion. I decided that she was in that interesting condition from three to four months, and told her to wait with patience for a short time when I would be able to give her a positive assurance. I did not see her again for over four months, or about the latter end of the eighth month of gestation, when she was again sent to me. I again decided that she was pregnant, but that the foetus had not developed any since my last examination. As near as I could remember there had been no increase of size in the uterus. For four months no perceptible change had taken place; the lady enjoyed ordinarily good health, ate well, slept well, and had no unpleasant symptoms of lassitude or weakness.

The foetus had evidently been dead from the time I first examined the case, yet the lady presented no general symptoms that would indicate such state of affairs. Her physician doubted my decision in the case, but did what turned out to be the proper thing—he introduced a sound and found the uterus over four inches in depth—result, the expulsion



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during the following night of a foetus and a fleshy mass which had undergone fatty degeneration. The ovum had been blighted from hemorrhage at an early stage, but received sufficient circulation to prevent complete separation from the uterus until disturbed.

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### Quiz Books.

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We are not in love with this class of literature. In fact we believe they are a positive injury to a student in pursuit of any study. They are founded on memory, without reason or explanation. They tend to cramp the intellect at the expense of judgment. A man who simply memorises a subject without a complete understanding and thorough comprehension of it, soon forgets what little he has learned. To master a subject requires analysis, reason, and thought. No other person can do this for you, you must do it yourself if you expect to understand the force, recognise the value, and retain the correct meaning; there must be more than the simple factor of memory cultivated in your studies. The physician who has to depend on his memory alone will be a failure.

Study text books and bury your quiz.

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 The job printing department of the JOURNAL is prepared to turn out books, pamphlets, office stationery, etc. in good shape, quick time, and at fair prices. Try us.

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 Please mention this JOURNAL when writing to our Advertisers.



### California Medical College.

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The regular term opens the 15th day of the present month, with every promise of a larger class than ever before in the history of the College. We have increased the seating capacity, so as to accomodate the incoming rush. We shall have room for all no matter how large the class.

Our Eclectic physicians in the country are realizing that in helping the California Medical College they are helping themselves. They are awakening to the fact, that the College is the central figure around which all must rally. Send on your students. Keep one or more reading in your office. We want to have an Eclectic physician in every town and hamlet in the State. Let the physicians of the State do their part, we as a College will faithfully do ours.

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### Be a Member.

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We appeal to every licentiate of the Board of Examiners of the Eclectic Medical Society of the State of California to become a member of the State Society. This is your duty. A man who enjoys the benefits, rights and privileges of an association without contributing to its support is a sponge and a drone. A man who enjoys civil protection without contributing towards the duties of citizenship is undeserving of consideration, and should be banished beyond the confines of civilization. There are men nominally in our ranks of this character. They forget the duties and responsibilities they owe for privileges conferred. Selfishness is their only prominent characteristic. They want the honey after



the active workers have gathered the sweets through sacrifice and toil.

Be a member, and support the organization which gives you the right to practice your profession. Parasites are out of place. No mistletoes on our oak. We need bold, free, and independent men, who know the right and dare maintain it. We want no lukewarm associates who are fit only to be spurned into utter forgetfulness.

Be a member, and show your colors. Support the organization to which you belong as you would your family. It has claims on you which as an honorable man you cannot ignore. Send in your application, your fees and dues, and do your duty to yourself and your school.

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### Scientific Medication. (?)

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R

Warner's Safe Cure    ℥ vi

Sig. ℥ ss four times a day.

DR. \_\_\_\_\_.

Such a prescription found its way into a leading drugstore in this city. It was written by an Allopathic physician who calls himself a specialist in skin diseases, and is a big gun among the medical fraternity of his own school. He did not charge less than \$2.50, and perhaps as much as \$5.00 for his great knowledge, and the ability to write this wonderful prescription, and then sent his over-confident patient to a big percentage drugstore to pay \$1.00 for 6 oz. of another man's compound, when a pint bottle of it would have been sold for \$.25. The doctor would better spend his time in the



study of materia medica and therapeutics than in attempting to legislate against the so-called "Irregulars."

And here is another which came into a drugstore a few days since, and which we ourselves copied *verbatim et literatim*:

R

Syr Scilla Co Syr Senaga  
" Glyciriza Syr Prunis Virginia  
" Bal Toulum Syr Ipecac  
" Morphia Syr Limonum  
Tinc Opii Camphorata  
" Sanguinaria Tinc Cubebs  
Vinum Antimony, Melus  
Spts Nitrous Ether

aa ʒiiss

Pul Muriate Ammonia  
" Carb am

aa ʒiiss

Antimony et potassa grs viii

Mix. Sig. A teaspoonfull every 3 hours wellshaken.

Dr. — — —





## SELECTIONS

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### ARISTOL.


Of the many substitutes for iodoform which have been brought forward during the past few years only two have stood the test of clinical experimentation—Aristol and Europhen. The qualities which render Aristol an effective substitute of iodoform are, in brief; freedom from disagreeable odor, absence of poisonous effects, antiseptic and adhesive properties, ability to produce rapid cicatrization. In fact we find combined in this one remedy all the qualities necessary to constitute a perfect antiseptic dressing.

The range of utility of aristol has so greatly extended that it is now an indispensable article in the surgical armamentarium. Among the many authors who have published their experience with this drug may be cited Dr. Va Shoemaker, of Philadelphia, who has employed Aristol extensively in private practice and in his hospital service and derived great benefit from it in psoriasis, leg ulcers, fistulæ, eczema, ringworm, hyperidrosis and bromidrosis, acne and rosacea. Dr. Daniel Lewis (Med. Record) has found a preparation of Aristol in flexible collodium of great value in erysipelas in its early stages, and as a dressing of cancerous ulcers regards the pure powder or an ointment with vaseline as superior to iodoform or any of the other preparations usually employed for the purpose of checking suppuration. Dr. Crile, of Pittsburgh (Times and Register, Dec. 5, 1892) warmly praises the action of Aristol as an antiseptic and cicatrisant in his surgical work, which he regards in every way prefera-



ble to iodoform. So much does he rely upon the cicatrisant effect of the remedy that he no longer closes the wound left after extensive removal of the breast, but allows it to heal by granulation under an Aristol dressing. Dr. Robert T. Morris (Proceed Americ. Assoc. of Obstet. & Gynæcol. 1891) has discovered that secondary peritoneal adhesions may be prevented by interposing a film of Aristol between the wounded surface. Dr. C. D. Palmer (Cincinnati Lancet-Clinic) recommends the drug as an admirable dry dressing in cases of chronic vaginitis, vulvar pruritus, cervical endometritis, erosions and fissures, and syphi is primary and secondary. In operations for tracheloplasty, colporrhaphy, perineorrhaphy and for recto-vaginal fistulæ he now dusts the sutured tract with Aristol, and he is satisfied that the powder applied over the sutured abdominal walls after laparotomies is superior to any other form of dressing. In ophthalmology Aristol has also proved its value. Dr. James A. Wallace (Therapeutic Gazette) has successfully employed it in interstitial keratitis. Drs. Buorgeosis, Vigries and Regg (Wien. Med. Presse) in the treatment of corneal ulcers. In diseases of the ear and nose especially of tuberculous and syphilitic character, Prof. Burkner (Berlin. Klin. Woch., No. 26. 1892) has obtained surprising results from the use of Aristol and his testimony is confirmed by Drs. Seymann, Pini, Szenes, Braislin (Brooklyn Med. Jour.) and others. Satisfactory evidence is also at hand in cases of pulmonary tuberculosis, and this method of treatment suggested by Nadaud (Tribune Medecine) and followed by Dr. R. da Silva (Soc de therap. a Paris, Feb. 10, 1892) is certainly worthy of further trial.

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 Please mention this JOURNAL when writing to our Advertisers.



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THE KAFFIR PROPHECY.

When a Kaffir gentleman falls ill or loses a cow or a wife or other of his personal property, he at once decides that he is bewitched. Like certain sets of "spiritual healers" of the more civilized communities, the Kaffir refuses to recognize the existence of disease, and whether it is an ache in his own stomach, poll-evil in his cattle, or an unusual exhibition of temper on the part of one of his wives, he seeks out a witch doctor who has a "stronger pull" with the spirits than the witch who has bewitched him.

The Kaffir witch doctor is, to a certain extent, an hereditary practitioner, as he must have some relative in the profession to make him eligible for the position. His dress consists mainly of strings of charms, his staff of office, and paint. If he is in very high standing in his profession, a live snake or two are added to these personal adornments on occasions of ceremony. His staff and his magic rattle are the instruments he uses in detecting the "evil-doers." If the patient is a poor man, the decision of the witch doctor is usually to the effect that the spirit of the father or grandfather of the patient is disturbed and must be propitiated by the sacrifice of a cow or a goat. As all the neighbors are called in to partake of the sacrifice, this system of medicine tends to make the witch doctor popular. If the victim is a chief, all the men of the village are seated in a circle on the ground and the witch doctor bounds into the center of the ring yelling and whirring his rattle. He jumps around the circle sniffing like a dog until he suddenly decides upon the "evil-doer" and touches him with his staff. The unfortunate is pounced upon as a wizard, horribly tortured and finally killed.



The Kaffir believes that an ounce of prevention is worth a pound of cure, and the witch doctors have invented a series of charms against every evil imaginable. These are usually bits of wood, leather, bone and similar rubbish, and as the witch doctor sells them for large prices, it forms quite a lucrative branch of his practice. The man who wears a ghost-charm and doesn't see a ghost believes thoroughly in its efficacy, and if he wears a lion-charm and is, perchance, killed by a lion, the witch doctor says, "But he only paid a goat for it; had he wanted a charm as strong as a lion, he should have bought one with two oxen, for a lion is much stronger than a goat." This ingenious theory lets out the witch doctor and adds materially to his income.—*Medicine Men and Manners.*

#### TWO TYPES OF PHYSICIANS

Are depicted in the *Sunday Mirror*, which goes on to say: There are doctors and doctors. One physician will enter the sick room wearing a countenance of such serious aspect as to fill the mind of the patient with dread foreboding of his condition. Not a cheerful word will he permit to escape his lips; not a ray of hope will he throw out for his patient to clutch at. All solemnity, all dignity, all science, but not a particle of humanity. Under such a man's treatment restoration to health must be slow and methodical, or not at all. Not only must the patient wrestle with the fever that is consuming him, but with the everlasting gloom and awe which his physician dispenses in such exasperating quantities. But take another example. Take the doctor who comes in smiling and with a cheery "Good morning." He has a bright morsel of gossip, and before you are aware of it you are enjoying the joke and forgetting half your aches and pains. Your



faith has been stimulated, and you can look at your position from a more hopeful standpoint. The room is not as cheerless as it was before your visitor entered it and spattered the walls with sunshine and sifted bits of good humor all around. The medicine prescribed by that physician goes right to the spot in a bee line. There is no half-way, scientific red tape about it. It grapples with the fever, downs it, and puts you on your feet without any delay. Yes, there are doctors and doctors.

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#### SALICYLATES IN TREATMENT OF PLEURISY WITH EFFUSION.

Dr. George Dock speaks highly of this method (Huber's) and concludes a paper on the subject (*Ther. Gaz.*):

1. Salicylic acid and its salts are among the most effectual agents in the treatment of pleurisy with effusion.
2. In effective doses the remedy is harmless, and with proper selection of the preparation, and care in administration, causes little or no discomfort to the patient.
3. Salicylates act most promptly in pleurisies with serous effusion of recent origin or of long standing, but they are efficient in simple dry pleurisy, and often act favorably in secondary pleurisy.
4. There is no evidence that they are useful in suppurative cases.
5. The drug acts as a diuretic, but may have an effect on the pathological process, or on the cause of the disease.
6. Salicylates have a more marked action in pleurisy than have the diuretics commonly so called.
7. "The duration of the treatment with salicylic prepara-



tions is less than diuretics, common salt, or roborant medication" (Eugster).

8. The remedy can be used at the earliest period, and favorably affects all symptoms.

9. The drug may be given in the form of the acid, or any of its salts, in doses of a drachm of the former, or one to two drachms of a salt daily. In ordinary cases it is not necessary to give the larger doses, and sixty to ninety grains of sodium salicylate or salol daily may be considered full beginning doses, to be diminished one-third or one-half after the effect is manifest.

10. The ordinary precautions must be observed in giving the drugs, and during their administration the total amount should be measured daily.

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#### ADVERTISING.

Advertising is taken up by "Pyramid" in the *Provincial Medical Journal*. He says that the broad question seems to be, should we consider the so-called dignity of the profession, or else take into account the benefit to the many which genuine advertising undoubtedly carries with it? Should we impede a man who seeks to make his qualifications known to the masses that need his assistance, or should we authorize such a display of his acquirements as is absolutely necessary to convey to the mind of the proletariat a conviction that there is in reality a healer on its borders? If a person is the possessor of an invention, calculated to be of advantage to his fellow creatures, he is not precluded from seeking to make it known by every means in his power. Why then should the doctor, who alone can make the discoveries of the giants of his profession of any avail to the multitude, be vis-



ited with odium if he believes in a similar way? Opponents of medical advertising say that a qualified man by resorting to it puts himself on a level with quacks and charlatans, but this is an argument that will not hold water for a moment. As well might these cavillers protest against a medical man wearing a coat and hat because the ignorant pretender goes about clothed in a similar manner; or forbid him to drive in a one horse brougham, because, forsooth, the great Quaqua flaunts forth in a coach with outriders. Surely it is better to meet the tribe of vampires on their own ground than to allow them to prey on popular ignorance unchecked. *Populus vult decipi*, like many of its congeners, is a most fallacious apophthegm. It is not true that people like being misled: but even if the saying were founded on fact, it is evident the *populus* should be educated out of such a silly habit. \* \* \*

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#### THE EDISON CURRENT FOR CAUTERY PURPOSES.

In the New York Medical Journal for February 4th, Dr. Edward J. Bermingham, Surgeon to the New York Throat and Nose Infirmary, describes a very ingenious apparatus which he has devised for controlling the Edison current so that it can be used direct for galvano-cautery operations.

The apparatus consists of a rheostat, made of coils of iron wire and a handle. The peculiarity of the handle consists of its having solid conductors, and the circuit is therefore always closed. It is under the control of the operator's thumb at all times during the operation, and the current can be cut off from, or allowed to pass to, the knife instantaneously and without producing an arc. The apparatus is simple and inexpensive, and, from the detailed description given, any electrician can construct it. Dr. Bermingham has been using it for two years and a half for all his cautery operations.




## SWALLOWING A WATCH.

The freaks of lunatics are sometimes extraordinary, and one of the most remarkable which has been placed on record recently is that which Dr. Vallow has published in the current issue of a French contemporary. A man aged 37 was confined in an asylum suffering from hallucinations, and one day, his wife having come to visit him, he was permitted to see her. When the allotted time of the interview, according to the rules of the institution, had come to an end, his wife intimated that she would have to take her departure, where upon the patient, judging that she wanted to leave him before the time had expired, flew into a violent passion and accused her of deceiving him. To prove, however, the truth of her statements, she drew out her watch and showed him the time, but as soon as the patient saw the watch, he suddenly seized it in his hand, tore the chain from it, and, putting it in his mouth, swallowed it. The medical officer of the asylum was summoned at once, but the patient in no way appeared to have suffered from his curious freak.

On examination of the stomach nothing could be felt, and it was at first believed that after all the watch might not have been swallowed. However, all due precautions were taken, and on the sixteenth day the watch arrived *per naturalem viam*. It was a silver watch measuring about two inches and a half in diameter, exclusive of the ring, and about half an inch in thickness.

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MEDICAL ETIQUETTE.

Within the present week in this city, says the Boston Advertiser, occurred an incident that is typical of the extreme to which professional etiquette may be carried. A patient lay ill of a raging fever, whose progress, had not been prevented or mitigated by the remedies prescribed by the doctor "in charge" of the case. That doctor was not entirely satisfactory to the patient and was even distasteful to the latter, but had been called in merely because he happened to be near at hand. The sick man protested strongly against the continuance of the seemingly useless treatment and insisted that the family physician should be called. In a spirit of courtesy the attending physician was told of the facts and of the wish of the patient. The family doctor was summoned and he was met by the attending physician. The two doctors had a private consultation, and as a result the attending physician announced that he would 'remain in charge' despite the knowledge that his every visit so irritated and exasperated the patient as to increase the fever of the helpless but thoroughly indignant victim. The family then made an almost piteous appeal to the family physician to visit the patient, whose condition was such as to occasion great alarm and the most distressing fears, but the reply was made that no reputable physician in Massachusetts would so imperil his standing under the rules which govern physicians as to attend a patient so long as the "attending physician" refused his consent.

The facts in the case are indisputable, and are given from personal knowledge. The consideration that under the circumstances the very life of the patient might be endangered made no impression upon the two doctors, who looked only



to the "etiquette" of their profession. If the medical practitioners stated the rule correctly, one doctor in this commonwealth may have the conceded right to prohibit the attendance of another doctor on a patient, no matter what the wishes or state of the sick man may be, and as a result of an exaggerated deference to this "etiquette" it is possible to suppose that a patient, constantly irritated and excited under a condition that demands rest and quiet, may die, but the senseless etiquette must have been observed. It may be true that the case cited is an unusual one, and it can readily be conceded that there are many humane doctors who would not allow an empty form of etiquette to stand in their way under such circumstances. Yet it still remains to be said that if any custom or rule exists to justify such a proceeding, as was so rigidly observed in the instance noted, that rule or custom ought to be abolished. Many eminent members of the medical profession have been arguing in favor of a law to prohibit "quacks" from practicing in this State. Arguments of a cogent nature have been brought forward to support the proposition. Yet it remains to be said that if the commonwealth were to allow "regular" practitioners to pursue business, and if any rule existed to deprive a family of the right to employ whatever practitioner it pleased, the change would not be for the better. Indeed, if any such rule or practice now exist among physicians of the existing schools, it is to be feared that the members of that profession have already more power than they should have. Such an arrangement merely represents a huge "trust" or "pool" and is in the nature of an imposition on the public. In the case cited both doctors seem equally to blame—one for imperilling the health of a patient to serve personal ends, and the other



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for allowing a mere rule, custom or understanding to stand in the way of duty to the sick.

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One of the pioneer dentists of New York is Olga Neymann D. D. S., a Western girl, young and pretty, with aristocratic features, and the intelligence which comes from education and travel. Dr. Neymann is enthusiastic about her profession as a calling for women, because it enables a woman to pursue a vocation and superintend a home at the same time. She contends that among the few women who pursue dentistry as compared with the number who are enrolled in the profession of medicine there are none who have not achieved notable success, for they either abandon an intention to practice after graduation or achieve distinction and financial success by their ability and concentration of purpose.


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Excerpt from paper read before the Iowa State Medical Society, Des Moines, Ia., May 19th, 1892, by T. J. Maxwell, M. D., Professor of Surgery, Keokuk Medical College, Keokuk, Ia.

After giving the preparatory work essential in abdominal surgery, Professor Maxwell follows with rules for after treatment.

The patient should be turned from back to side as often as comfort requires. If vomiting is troublesome, sips of hot water are given or teaspoonful doses of Tarrant's Hoff's Malt, which I have found more effective in allaying nausea than any other medicine.

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2. Tannin, and preparations containing tannin.
3. Tincture of iodine.
4. The chlorides of mercury.

The following substances, when triturated with dry antipyrine, decompose it:

1. Calomel, which forms a toxic compound with antipyrine.
2. Beta-naphthol.
3. Chloral hydrate, which forms an oleaginous liquid with it.
4. Sodii bicarbonas, which when brought in contact with it sets free an odor of acetic ether.
5. Salicylate of soda, which also forms an oleaginous compound with it.
6. The salts of quinine and caffeine, which have their solubility increased by antipyrine.

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NOCTURNAL INCONTINENCE OF URINE AND PHIMOSIS.

In an article on the above subject by Dr. E. Loumeau, in the January number of *Annales de la Polyclinic de Bordeaux*, the writer divides the different varieties of incontinence under five heads.

- I. Incontinence of urine of purely psychopathic origin.  
(Theory of T. L. Petit.)
2. Incontinence of urine due to vesical irritability.  
(Theory of Trousseau.)
3. Incontinence of urine due to a faulty contractility of



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the sphincter vesicæ, or to anesthesia of the urethra. (Theory of Guyon.)

4. Incontinence of urine due to paralysis of the bladder and sphincter.

5. Incontinence of urine due to epilepsy.


Under the second head—vesical irritability—the author mentions the following causes: (1) Peripheral irritation, such as phimosis, atresia of the meatus, hypospadias, oxyurides hemorrhoids, fissures, etc. (2) Exaggerated reflex excitability of the cord. The author regards phimosis as the most prolific agent in this classification. Trousseau appears to have been the first to call attention to this fact in 1860, and since then Forni, Tuffier, Beard, Bouisson, Duplay, Schwartz, Birger, and many others, have called especial attention to this form of enuresis.—*Buffalo Medical Journal*.

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## BOOK NOTES.

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The demands for thorough revision of local medicaments made by the advance of the theories of asepsis, have been fully considered, and a succinct account has been presented of the source and properties of the very numerous new agents which affect tissues locally.

Some drugs have been excluded which have been highly



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praised; on the other hand, great care has been taken to indorse imperfectly attested novelties.

This hand-book embodies the results obtained by experienced teachers and will prove a very valuable work to the general practitioner. Two carefully made indexes make it a book of ready reference.

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This work contains most of the late or new remedies and many of the old ones. It is an excellent work, and is aimed to present in a practical form that which is best. It deals



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with much besides drugs for the cure of disease, and, in a rational manner. There is quite a space devoted to the classification of drugs and their application to disease.

It presents in a clear and concise way much that is valuable to the student and busy practitioner.

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SYSTEM OF DISEASES OF THE EAR, NOSE AND THROAT.

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Or rather say the cause of this defect,  
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—Hamlet.

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